



Surname of Employee	Use Block Letters	Given Name(s)
Group Policy No.	Employee's Certificate No.	

### CHANGE OF BENEFICIARY

(Please print first and last name of beneficiary, e.g.  
 "Mary Smith" not "Mrs. J. Smith" or "Mrs. John Smith".)

I hereby revoke any previous appointment and appoint the following as beneficiary of any moneys payable upon my death under said Group Policy:

\_\_\_\_\_ MY \_\_\_\_\_  
 Last Name Given Names in Full Relationship to Employee

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_\_\_  
 City State Day Month Year

\_\_\_\_\_  
 Signature of Employee

THIS IS TO CERTIFY that the above change has been noted and placed on file with the Group Policyholder.

Date \_\_\_\_\_ Checked by \_\_\_\_\_